



Iowa Department of Public Health Tuberculosis Control Program

Facility Tuberculosis (TB) Risk Assessment Tool for Health Care Settings (Iowa licensed health care facilities and hospitals)

The infection control team or designated staff in the health care facility or hospital is responsible for determining the type of risk classification. The facility risk classification is used to determine frequency of TB screening. The health care facility or hospital facility risk classification may change due to an increase or decrease in the number of TB cases during the preceding year. The following criteria are consistent with the Centers for Disease Control and Prevention, TB Elimination Division as outlined in the MMWR December 30, 2005/Vol. 54/No. RR-17 *"Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005."* Health care settings may use this document to meet the requirement to perform a TB risk assessment in covered facilities:

Facility Information

Name of facility:

Address of facility:

Date risk assessment completed:

Person completing risk assessment:

TB Incidence in Facility

Number of patients with confirmed infectious TB encountered in facility during the past year (based upon criteria below):

Community Rate of TB

Number of TB Cases by County (primary location of facility):

Criteria for Counting TB patients:

The facility risk assessment must address the speed with which persons with infectious TB disease are suspected, isolated, and evaluated to determine if persons with infectious TB exposed staff or others in the facility or hospital.

Count TB patients that:

- Upon review, had infectious pulmonary or laryngeal TB **and** for whom proper airborne isolation precautions were **NOT** implemented upon admission or encounter. Patients for whom proper airborne isolation procedures were implemented likely caused no transmission and therefore should not be counted.
- **Count** the patient in the annual risk assessment, if the infection control team determines that exposure likely occurred and as a result, conducts a contact investigation of exposed HCWs and/or patients. **Do not count** the TB patient in the annual risk assessment, if the infection control team determines no exposures occurred and does not conduct a contact investigation of HCWs. For documentation purposes, it is recommended that the infection control team



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document this number in a 'sub-category' of 'infectious patients promptly isolated' or similar language.

Do not count patients with:

- Treated or untreated extrapulmonary TB disease,
- Patients with pulmonary or laryngeal TB that have met criteria for non-infectiousness.
- Patients with LTBI.

TB Screening

- **TB screening of HCWs** - Is baseline TB screening of HCWs performed at time of hire as required by [IAC 481.59](#)?
- **TB Screening of residents (in covered health care facilities only)** - Is baseline TB screening of residents performed at time of admission as required by [IAC 481.59](#)?
- **Health Care Facility or Hospital Risk Classification (based upon criteria below)** -

Low	Medium	On-going transmission
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Classification Criteria

Low Risk

- **Inpatient Settings with More Than 200 Beds:** If a facility or hospital has less than six TB patients for the preceding year, the facility or hospital shall be classified as low risk.
- **Inpatient Settings with Less Than 200 Beds:** If a facility or hospital has less than three TB patients for the preceding year, the facility or hospital shall be classified as low risk.
- **Outpatient, Outreach, and Home-Based Health-Care Settings:** If less than three TB patients for the preceding year, classify as low risk

Medium Risk

- **Inpatient Settings with More Than 200 Beds:** If a facility or hospital has six or more TB patients for the preceding year, the facility or hospital shall be classified as medium risk.
- **Inpatient Settings with Less Than 200 Beds:** If a facility or hospital has three or more TB patients for the preceding year, the facility or hospital shall be classified as medium risk.
- **Outpatient, Outreach, and Home-Based Health-Care Settings:** If greater than or equal to three TB patients for the preceding year, classify as medium risk.

Potential On-going Transmission



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- The classification of potential ongoing transmission is a rare occurrence and should be **temporarily** applied to any setting (or group of HCWs) where on-going transmission of *M. tuberculosis* is occurring and the source of transmission is unknown.
- If evidence of on-going *M. tuberculosis* transmission exists at a facility or hospital, testing for infection with *M. tuberculosis* may need to be performed every eight to ten weeks until lapses in infection control have been corrected and no additional evidence of ongoing transmission is apparent.
- Evidence of person-to-person transmission of *M. tuberculosis* includes: clusters of TST or IGRA conversions in HCWs or HCW(s) with confirmed TB disease from an unknown source case.
- After a determination that on-going transmission has ceased, the setting shall be reclassified as medium risk for a minimum of one year.

Serial TB Screening Procedures for Facilities

Screening frequency is based on the Health Care Facility or Hospital Risk Classification above (Bullet 3 from the TB Screening section) Reference: IAC 155.38(4)

- a. *Facilities classified as **low risk***: After baseline testing of staff for infection with *M. tuberculosis*, additional TB screening of staff is not necessary unless an exposure to *M. tuberculosis* occurs.
- b. *Facilities classified as **medium risk***:
 - (1) After undergoing baseline testing for infection with *M. tuberculosis*, staff should receive TB screening annually (i.e., symptom screen for all staff members and testing for infection with *M. tuberculosis* for staff members with baseline negative test results).
 - (2) Staff members with a baseline positive or new positive test result for *M. tuberculosis* infection or documentation of previous treatment for LTBI or TB disease shall receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, staff should receive a symptom screen annually. This screen should be accomplished by educating the staff about symptoms of TB disease and instructing the staff members to report any such symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines.
- c. *Facilities classified as **potential on-going transmission***. Testing for infection with *M. tuberculosis* may need to be performed every eight to ten weeks until lapses in infection control have been corrected and no additional evidence of on-going transmission is apparent. The potential on-going transmission classification should be used only as a temporary classification. This classification warrants immediate investigation and corrective steps. After a determination that on-going transmission has ceased, the setting shall be reclassified as medium risk for a minimum of one year.